



Application For Summer Part-Time Recreation Employment

CHECK REQUIRED AVAILABILITY BEFORE INDICATING PROGRAM INTEREST.

An Equal Opportunity Reasonable Accommodation Employer



**Application for
Program Area
(CHECK only ONE)**

- ☐ **Camp Challenge**
☐ **Special Interest Class Instructor**

— SEPARATE APPLICATION REQUIRED FOR EACH PROGRAM AREA —

PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER.

ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION

**TITLE OF
POSITION:** _____

1. **Name:** _____ 2. **Social Security #:** _____
Last First Middle In.

3. **Address:** _____
Street - Apt. # City State Zip Code

4. **E-mail Address:** _____

5. **Phone - Home:** _____ **Office:** _____ **Message:** _____

6. **Driver's License: #:** _____ **State:** _____ **Class:** _____ **Expiration Date:** _____
Is this license currently valid: **Yes** ____ **No** ____

7. Are you at least 16 years old? **Yes** ____ **No** ____ Upon hiring, you may be required to show proof.

8. Are you a United States citizen or a legally registered alien? **Yes** ____ **No** ____

9. Are you related to any member of the City Council or any City Board or Commission member or any City employee?
Yes ____ **No** ____ If yes, indicate WORK, RELATIONSHIP AND POSITION: _____

10. Have you ever worked for the City of Tempe? **Yes** ____ **No** ____ If yes, WHEN: _____ Month/Year

11. Dates available: From _____ To _____. Specify times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work, i.e. 8am-noon							

12. **EDUCATION:** Circle highest grade completed
GRADE SCHOOL 1 2 3 4 5 6 7 8 **HIGH SCHOOL** 9 10 11 12 **COLLEGE** 1 2 3 4 5 6

13. **HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING**

Name	Dates Attended	Major	Degree or Diploma Obtained
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. **CERTIFICATION OR REGISTRATION:** (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.)

Current type of certifications: _____ **Expiration Date:** _____
Attach copies of current _____
certifications to application _____

(Turn Over)

EMPLOYMENT HISTORY:

Indicate your experience in each position beginning with your present or most recent position, including any military and volunteer experience. **Show your entire work history.** The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you are given further consideration for the position. **You may attach a resume to your application; however, your qualifications will be evaluated solely on this completed application form and supplemental questionnaire(s).**

15. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____

Address: _____
Street City State Zip Code

Kind of Business: _____ Your Title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There
Month/Year Month/Year Year(s) Month

Hours Per Week ____ Starting Wage \$ _____ per ____ Present/Ending Wage \$ _____ per ____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes ____ No

16. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____

Address: _____
Street City State Zip Code

Kind of Business: _____ Your Title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There
Month/Year Month/Year Year(s) Month

Hours Per Week ____ Starting Wage \$ _____ per ____ Ending Wage \$ _____ per ____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes ____ No

17. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____

Address: _____
Street City State Zip Code

Kind of Business: _____ Your Title: _____

Supervisor Name/Title: _____

Employment Dates: From _____ To _____ Total Time There
Month/Year Month/Year Year(s) Month

Hours Per Week ____ Starting Wage \$ _____ per ____ Ending Wage \$ _____ per ____

Description of Work Performed: _____

Reason for leaving or wanting to change: _____

May we contact this employer if you are considered for the position: Yes ____ No

18. Please list other names you have gone by, so we can verify your previous work experience and/or education:

19. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)? **Note:** Reckless operation, hit-and-run, driving under the influence, excessive speeding, and similar charges are **not** considered minor traffic offenses; furthermore, an excessive number of traffic violations (including minor/civil offenses) should be reported.

Yes ☐ No ☐ If Yes, give details, including charges, dates, locations, etc. (attach a separate page if necessary): _____

It is to your advantage to provide a full disclosure of your record, as convictions do not automatically bar you from employment with the City. **However, failure to admit convictions will result in automatic disqualification from new or continued employment** (tempered by the specific considerations listed in the "Truth in Application Policy" below).

TRUTH IN APPLICATION POLICY

The City of Tempe places a prime value on integrity. This value applies to all phases of City business. In particular, the City values, and in fact requires, honesty in completing employment applications. This is important to creating a fair process oriented towards selecting the best candidate. Therefore, the City will not tolerate lies or omissions of material fact on employment applications.

The City of Tempe has a "zero tolerance" of untruthfulness in application materials. The City conducts a background check upon hire to verify the information contained in the application. However, at the same time that the City values integrity and truth in applications, it recognizes that people may make mistakes and may learn from them. Therefore, the City's "zero tolerance", as stated in this policy, is tempered by the following considerations:

1. Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.
2. Applicants are not required to report convictions that have been expunged or sealed by a court of law.
3. If misstatements or omissions of material fact are discovered after seven (7) years of the date of an application, they may be grounds for dismissal from City employment, but such dismissal will be considered on a case-by-case basis, weighing the severity of the misstatement/omission against subsequent job performance and its relationship to the job.

I agree and understand that any deliberate misstatement or omission of material fact on application documents will cause forfeiture on my part of all eligibility to any employment with the City of Tempe, and will cause forfeiture of my job if I am currently employed or become employed by the City of Tempe.

My signature on this application form acknowledges my understanding and agreement with the above policy.

20. I certify that all statements made on all application materials are true and complete. In addition, I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

SIGNATURE _____

DATE _____

Reminder:

■ Is your required supplemental form attached to your application ??

L:\JOB APPS\SUMMER APPLICATION-ALL.DOC

Name: _____ Social Security No.: _____

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date Employed: _____

Company Name: _____

Address/City/Zip: _____

Supervisor's Name/Title: _____

Phone #: () _____ Fax #: () _____

Signature _____ Date _____

Name: _____ Social Security No.: _____

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date Employed: _____

Company Name: _____

Address/City/Zip: _____

Supervisor's Name/Title: _____

Phone #: () _____ Fax #: () _____

Signature _____ Date _____

Name: _____ Social Security No.: _____

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Signature _____ Date _____